

SCHIFF HARDIN & WAITE

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ATTORNEY NO.: Trevor B. Joike
CLIENT/MATTER NO.: 28066-0005
DATE: August 12, 2003

FACSIMILE TRANSMITTAL SHEET**TO THE FOLLOWING:**

Name	Company	Fax Number	Phone Number
Examiner Karl D. Easthom	U.S. Patent and Trademark Office	703/746-4143	

FROM: Trevor B. Joike DIRECT DIAL NO.: (312) 258-5774

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COMMENTS:

Attached is a copy of the Amendment and a copy of the post card receipt that you requested for application 10/047,207. Please confirm receipt of these papers (312/258-4970).

Thank you.

Elizabeth Del Rio

FAX RECEIVED**AUG 13 2003****T.C. 2800**

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SIR:

PLEASE APPLY A RECEIPT STAMP HERETO AND MAIL TO
ACKNOWLEDGE RECEIPT OF THE ATTACHED:

Hong Wan

Response to May 19, 2003 Office
Action-16 pages

APPLICANT

TYPE OF DOCUMENT(S)

July 18, 2003

USSN 10/047,207 P01,0367

MAILING DATE

REFERENCE NUMBER
July 19, 2003

28066-0005 TBJ

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SCHIFF HARDIN & WAITE

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

H0002254

CONF. NO.: 5757

In re application of: Hong Wan

Serial No.: 10/047,207

GROUP ART UNIT: 2832

Filed: January 15, 2002

EXAMINER: Karl D. Easthom

For: INTEGRATED MAGNETIC FIELD STRAP FOR SIGNAL ISOLATOR

AMENDMENT RESPONSIVE TO MAY 19, 2003 OFFICE ACTION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS	*	X 0	() X 9.00 () X 18.00	\$.00
INDEP. CLAIMS	*	MINUS		X 0	() X 42.00 () X 84.00	\$.00
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$135.00 () \$270.00 ONE TIME	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$.00

* If the entry in Column 3 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ month so that the period for response is extended to _____. A check in the amount of \$ _____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ is attached.
- ☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached.
- ☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5774.

SCHIFF HARDIN & WAITE (Customer Number: 000128)

Patent Department

BY Trevor B. Jones (25,542)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 18, 2003.

Trevor B. Jones
NAME OF APPLICANT'S ATTORNEY
SIGNATURE
July 18, 2003
DATE

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